

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: _____ Gender (circle): Male Female Race: _____

Current Address: _____
Street/Apt #
City State Zip Code

List all addresses at which you have resided in the past five years:

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Mail this request to:
Department of Children and Family Services
406 E. Monroe - Station # 30
Springfield, IL 62701

Signed _____ Date _____

Please type, use bold letters or label: .

_____ Illinois Department of Juvenile Justice
Central Screening
707 North 16th Street
Springfield, IL 62702

_____ (Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

